| WATE | R WELL | RECORD | Form WWC- | 5 | Division of Wate | r Resources; App. No. | | |
|--|---|--|--|-------------|--|---|---|--|
| | | F WATER WELL: | Fraction | | Section Number | Township Number | Range Number | |
| Coun | ty: /07/ | MWHJOMFR | NW/4 NR1/4 / | 1/4 | 22 | T 7 S | R \mathcal{P} \mathbf{E} \mathbf{W} | |
| Distance and direction from nearest town or city street address of well if located within city? From wamp 60: 4.5 Marks was on have Latitude: | | | | | | | | |
| | | | | | | | | |
| | | LOWNER: DAN RAK | | | Longitude: Elevation: | | | |
| RR# | , St. Addre | ss, Box # : 856 5. MM | NHATTAN | | Datum: | | | |
| | State, ZIP | | | | Data Collection | Method: | | |
| 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL | | | | | | | | |
| | LOCATION | | | | | | | |
| | VITH AN "X" IN Depth(s) Groundwater Encountered (1) | | | | | | | |
| SEC' | FION BOX: WELL'S STATIC WATER LEVEL | | | | | | | |
| | Pump test data: Well water was | | | | | | | |
| | Est. Yield. 5.9. gpm: Well water was | | | | | | | |
| NV W | WELL WATER TO BE USED AS: 5 Public water supply NWNE E WELL WATER TO BE USED AS: 5 Public water supply Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 11 Injection well 12 Other (Specify below) | | | | | | | |
| " | 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well | | | | | | | |
| - SV | | | | | | | | |
| | | | | | | | | |
| <u>'</u> | Sample was submitted Water well disinfected? Yes No | | | | | | | |
| S | | | | | | | | |
| ı | | ING USED: 5 Wrought | Iron 8 Conc | | CASIN | G JOINTS: Glued. | C Clamped | |
| 5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped 9 Other (specify below) Welded | | | | | | | | |
| Blank casing diameter | | | | | | | | |
| Casing height above land surface | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | |
| 1 Steel 3 Stainless Steel 5 Fiberglass PVC 9 ABS 11 Other (Specify) | | | | | | | | |
| 2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot Mill slow 5 Guazed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) | | | | | | | | |
| 1 Continuous slot Mill slow 5 Guazed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) | | | | | | | | |
| 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) | | | | | | | | |
| From ft. to ft. From ft. to ft. | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | |
| From | | | | | | | | |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 5 Pentonite 4 Other | | | | | | | | |
| Grout Ir | | From ft. to | 2.5 ft., From | 140 | ft. to/55 f | t., From | ft. toft. | |
| What is the nearest source of possible contamination: | | | | | | | | |
| 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other specify | | | | | | | | |
| 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below) | | | | | | | | |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well Direction from well? How many feet? | | | | | | | | |
| FROM | TO | LITHOLOGIC | | FROM | | PLUGGING INT | ERVALS | |
| 0 | 18 | | rown | 110111 | 10 | 1 ECCONTO II I | ERTRES | |
| 18 | 153 | STAND UBAY FORM | | | | | | |
| 153 | 160 | CLAY, GRAY | | | | | | |
| 160 | 168 | CAMIZL, PRAWIC | RSB-SHND | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| <u> </u> | | | | | | | | |
| <u> </u> | | | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged | | | | | | | | |
| under my jurisdiction and was completed on (mo/day/year) . 8/2/0.6 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No | | | | | | | | |
| Kansas Water Well Contractor's License No 7.60 This Water Well Record was completed on (po/day/year) | | | | | | | | |
| under th | e business | name of ASSOUTATAL | DRILLEND D | ML b | y (signature) 🖊 | 7/a/////1 | 7 | |
| three coni | es to Kansas | se typewriter or ball point pen. <u>PLEA</u> Department of Health and Environme | ASE PRESS FIRMLY and I nt. Bureau of Water. Geolo | PKINT clear | Please fill in blank 1000 SW Jackson St | s, underline or circle the o Suite 420, Topeka, Kansas | orrect answers. Send top | |
| three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at | | | | | | | | |
| http://www.kdhe.state.ks.us/geo/waterwells. | | | | | | | | |